

Vermont Individual 2022 Plans

Open enrollment begins November 1, 2021 for coverage starting January 1, 2022!



Platinum	Gold			Reflective Silver <i>(only available directly from MVP)</i>				Silver				Bronze					MVP Secure ¹	
	1	1	2	3 HDHP	1	2 HDHP	3	4 HDHP	1	2 HDHP	3	4 HDHP	1	2	3 HDHP	4		5
Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus	Non-Standard MVP VT Plus	Non-Standard MVP VT Plus	Non-Standard MVP VT Plus	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus	Non-Standard MVP VT Plus	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus	Standard MVP VT	Standard MVP VT	Standard MVP VT	Standard MVP VT	Non-Standard MVP VT Plus	Standard MVP VT

Benefit amounts below are the co-pay or co-insurance after the deductible is met, unless otherwise noted as not subject to deductible (NoDD). All plans include dependent care coverage to age 26. Benefits in red indicate a change from the 2021 plan.

Plan Deductible Individual/Family	\$400/ \$800 EMB	\$1,200/ \$2,400 EMB	\$700/ \$1,400 EMB	\$3,200/ \$6,400 AGG	\$1,750/ \$3,500 EMB	\$5,100/ \$10,200 EMB	\$3,400/ \$6,800 EMB	\$1,850/ \$3,700 AGG	\$1,750/ \$3,500 EMB	\$5,075/ \$10,150 EMB	\$3,400/ \$6,800 EMB	\$1,850/ \$3,700 AGG	\$7,250/ \$14,500 EMB	\$6,450/ \$12,900 EMB	\$5,700/ \$11,400 AGG	\$8,700/ \$17,400 EMB	\$7,850/ \$15,700 EMB	\$8,700/\$17,400 EMB
Out-of-Pocket Maximum Individual/Family	\$1,400/ \$2,800 EMB	\$5,400/ \$10,800 EMB	\$6,500/ \$13,000 EMB	\$3,200/ \$6,400 AGG	\$6,950/ \$13,900 EMB	\$5,100/ \$10,200 EMB	\$8,550/ \$17,100 EMB	\$6,900/ \$13,800 AGG	\$6,950/ \$13,900 EMB	\$5,075/ \$10,150 EMB	\$8,550/ \$17,100 EMB	\$6,900/ \$13,800 AGG	\$8,400/ \$16,800 EMB	\$8,700/ \$17,400 EMB	\$7,050/ \$14,100 AGG	\$8,700/ \$17,400 EMB	\$7,850/ \$15,700 EMB	\$8,700/\$17,400 EMB

Medical

Primary Care/Specialist Visit	\$15 NoDD/ \$40 NoDD	\$20 NoDD/ \$50 NoDD	\$20 NoDD/ \$40 NoDD	0%/0%	3 PCP visits per person NoDD, then \$30/\$60	0%/0%	\$35 NoDD/ \$80 NoDD	10%/30%	3 PCP visits per person NoDD, then \$30/\$60	0%/0%	\$35 NoDD/ \$80 NoDD	10%/30%	\$40/\$100	\$35/\$90	50%/50%	\$40 NoDD/ \$100 NoDD	3 PCP visits per person NoDD, then 0%/0%	3 PCP visits per person NoDD, then 0%/0%
Hospital Facility Inpatient/Outpatient	10%/10%	30%/30%	20%/20%	0%/0%	50%/\$1,400	0%/0%	50%/50%	30%/30%	50%/\$1,400	0%/0%	50%/50%	30%/30%	50%/50%	50%/50%	50%/50%	0%/0%	0%/0%	0%/0%
Urgent Care/Emergency Room	\$50 NoDD/\$100	\$60 NoDD/\$150	\$30 NoDD/\$250	0%/0%	\$60/\$400	0%/0%	\$90 NoDD/\$250	30%/30%	\$60/\$400	0%/0%	\$90 NoDD/\$250	30%/30%	\$100/50%	\$100/50%	50%/50%	0%/0%	0%/0%	0%/0%
Ambulance	\$60 NoDD	\$70 NoDD	\$50	0%	\$105	0%	\$105 NoDD	35%	\$100	0%	\$100 NoDD	30%	\$100	\$100	50%	0%	0%	0%
Diabetic Supplies²	50% NoDD	50%	50%	5%	50%	0%	50%	50%	50%	0%	50%	50%	60%	60%	60%	0%	0%	0%
Chiropractic/Acupuncture	\$20 NoDD/ Not Covered	\$30 NoDD/ Not Covered	\$25 NoDD/ \$500 Allowance ³	0%/ \$500 Allowance ³	\$45/ \$500 Allowance ³	0%/ \$500 Allowance ³	\$45 NoDD/ Not Covered	30%/ Not Covered	\$45/ \$500 Allowance ³	0%/ \$500 Allowance ³	\$45 NoDD/ Not Covered	30%/ Not Covered	\$50/ \$500 Allowance ³	\$45/ Not Covered	\$50/ Not Covered	50% NoDD/ Not Covered	0%/ \$500 Allowance ³	0%/Not Covered

Additional Benefits

Virtual Care Services	<i>Gia virtual care services are \$0 on all plans, except qualified high-deductible health plans (QHDHPs) in 2022. The IRS now requires members enrolled in QHDHPs to pay for virtual care services until their plan deductible is met. After the deductible is met, virtual care services are \$0. While costs for care vary, Gia virtual care services are generally lower cost than the in-person alternative. Gia virtual care services include urgent/emergent care, primary care, behavioral health, psychiatry, nutrition, and lactation. Virtual physical therapy is also included on 2022 plans. In-person care or virtual care excluding Gia is subject to co-pay/cost-share per plan details. All MVP Vermont Individual HDHPs are QHDHPs.</i>
MVP WellBeing Rewards	<i>Earn up to \$600 per contract, per calendar year with MVP WellBeing Rewards on MVP VT Plus non-standard plans.</i>
Pediatric Dental and Vision	<i>All plans include pediatric dental and vision coverage for dependents up to age 21. See plan details for more information.</i>

Pharmacy

Prescription Deductible Individual/Family	None	\$150/\$300 Brand Ded	\$250/\$500 Brand Ded	Integrated with Medical	\$750/\$1,500	Integrated with Medical	\$400/\$800 Brand Ded	Integrated with Medical	\$750/\$1,500	Integrated with Medical	\$400/\$800 Brand Ded	Integrated with Medical	\$700/\$1,400	\$1,100/\$2,200 Brand Ded	Integrated with Medical	Integrated with Medical	Integrated with Medical	Integrated with Medical
Prescription Out-of-Pocket Maximum Individual/Family	\$1,400/ \$2,800 EMB	\$1,400/ \$2,800 EMB	\$1,400/ \$2,800 EMB	\$1,400/ \$2,800 AGG	\$1,400/ \$2,800 AGG	Integrated with Medical \$1,400/ \$2,800 AGG	Integrated with Medical \$1,400/ \$2,800 EMB	Integrated with Medical \$1,400/ \$2,800 AGG	\$1,400/ \$2,800 EMB	Integrated with Medical \$1,400/ \$2,800 AGG	Integrated with Medical \$1,400/ \$2,800 EMB	Integrated with Medical \$1,400/ \$2,800 AGG	Integrated with Medical	Integrated with Medical \$1,400/ \$2,800 EMB	Integrated with Medical \$1,400/ \$2,800 AGG	Integrated with Medical	Integrated with Medical	Integrated with Medical \$1,400/\$2,800 AGG
Prescription Cost Share Tier1/Tier2/Tier 3	\$10 NoDD/ \$50 NoDD/ 50% NoDD	\$12 NoDD/ \$55/50%	\$15 NoDD/ \$40/50% VBID: \$1	Preventive Drugs: \$10/\$15/5% NoDD All Other Drugs: \$0/\$0/0%	\$5/50%/50% VBID: \$1	0%/0%/0% Preventive Drugs NoDD	\$15 NoDD/ \$60/50%	\$10/\$40/50% Preventive Drugs NoDD	\$5/50%/50% VBID: \$1	0%/0%/0% Preventive Drugs NoDD	\$15 NoDD/ \$60/50%	\$10/\$40/50% Preventive Drugs NoDD	\$25 NoDD/ \$100/60% VBID: \$3	\$15 NoDD/ \$85/60%	\$12/40%/60% Preventive Drugs NoDD	\$30 NoDD/ 0%/0%	\$35 NoDD/ 0%/0% VBID: \$3	0%/0%/0%

Premium Monthly Rates Rates effective January 1, 2022–December 31, 2022.

Single	\$914.29	\$751.81	\$790.75	\$770.27	\$647.83	\$668.93	\$683.76	\$665.00	\$731.91	\$753.86	\$767.84	\$749.21	\$571.17	\$575.45	\$580.53	\$598.74	\$587.48	\$360.82
Single + Spouse	\$1,828.58	\$1,503.62	\$1,581.50	\$1,540.54	\$1,295.66	\$1,337.86	\$1,367.52	\$1,330.00	\$1,463.82	\$1,507.72	\$1,535.68	\$1,498.42	\$1,142.34	\$1,150.90	\$1,161.06	\$1,197.48	\$1,174.96	\$721.64
Single + Child(ren)	\$1,764.58	\$1,450.99	\$1,526.15	\$1,486.62	\$1,250.31	\$1,291.03	\$1,319.66	\$1,283.45	\$1,412.59	\$1,454.95	\$1,481.93	\$1,445.98	\$1,102.36	\$1,110.62	\$1,120.42	\$1,155.57	\$1,133.84	\$696.38
Single + Spouse + Child(ren)	\$2,569.15	\$2,112.59	\$2,222.01	\$2,164.46	\$1,820.40	\$1,879.69	\$1,921.37	\$1,868.65	\$2,056.67	\$2,118.35	\$2,157.63	\$2,105.28	\$1,604.99	\$1,617.01	\$1,631.29	\$1,682.46	\$1,650.82	\$1,013.90

¹ MVP Secure plans can only be purchased through Vermont Health Connect (VHC) by individuals under the age of 30.

² The cost-share for diabetic supplies is subject to the pharmacy deductible and medical out-of-pocket maximum (OOPM).

³ This plan features an aggregate deductible and OOPM. Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$8,700. The term *embedded* is used in VHC materials to define this deductible and OOPM structure.

⁴ Members are reimbursed up to \$500 for acupuncture services from a licensed provider. Once this allowance is met, no further acupuncture services will be covered. This benefit is subject to the deductible and OOPM only on high-deductible health plans. For such plans, services will be reimbursed up to \$500 in the same manner billed if the deductible has been met. If the deductible has not been met, MVP will apply the allowance to the deductible and OOPM until the deductible is met.

HDHP: High-Deductible Health Plan. **QHDHP:** Qualified High-Deductible Health Plan. **NoDD:** Not subject to deductible.

VBID: Value-Based Insurance Design. VBID maintenance Medications are not subject to the deductible.

All Vermont Individual HDHPs are QHDHPs and can be paired with a Health Savings Account. All MVP VT and MVP VT Plus Individual plans meet Medicare Creditable Coverage except Bronze 4.

Aggregate (AGG): For any policy with two or more members, the family deductible must be met by any one or any combination of members before the plan will make payment.
Embedded (EMB): Each member pays toward, but never exceeds, their individual deductible and/or OOPM until the larger family deductible and/or OOPM is met, after which, the plan makes payments for all members on the Contract. The term *Stacked* is used on VHC materials to define this deductible and/or OOPM structure.

Standard plans are based on what the state dictates must be included in benefit details.

Non-Standard plans contain unique features that enhance the value of benchmark benefits.

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request.

Questions? We're here to help!

Call 1-844-865-0250 or visit mvphealthcare.com/vermont to learn more.

For subsidy information, visit VermontHealthConnect.gov



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